South Carolina Department of Disabilities and Special Needs

REPORT OF CRITICAL/URGENT CIRCUMSTANCES

DIRECTIONS:	I. CONSUMER IDENTIFYING INFORMATION:		
Fill in all blanks.			
Document must be	Name: Date of Birth: Sex:		
typed, recommend word processing.	SS#: County:		
Add lines where	SC/EI: Current Placement:		
needed to provide			
thorough justification.	\square MR \square RD \square AUTISM \square TBI \square SCI \square SD		
justification.	FSIQ: □ Borderline □Mild □Moderate □Severe □ Profound		
	Adaptive Level: □ Borderline □ Mild □ Moderate □ Severe □ Profound		
	ICAP Score		
Check the type of	II. DESCRIPTION OF CRITICAL/URGENT CIRCUMSTANCES		
request and all categories below the			
type that apply.	□ CRITICAL □ PRIORITY I		
og processor september 1	☐ Abuse, Neglect, or Exploitation ☐ Health		
	□ Homelessness □ Behavior		
	☐ Health or Safety ☐ Inadequate Family Support		
	a) consumer or		
	□ b) caregiver □ Court Order/DDSN Judicial Admission		
	□ DJJ Subclass		
	Explanation:		
Thoroughly but			
succinctly describe			
and justify the boxes			
checked – use additional sheet if			
necessary			
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	HI DEDUNENT HISTORY					
	III. PERTINENT HISTORY					
Check all that apply and provide thorough but succinct explanation of those historical issues which contribute to current critical/urgent circumstance. Use additional sheets if necessary. Attach relevant professional assessments, reports, plans and data related to current critical/urgent circumstance.	Family support (emotional, financial resources, extended family) Delinquent Criminal activities Medical status (include current medications) Psychiatric history Behavioral issues Substance abuse Abuse/neglect Explanation:					
	IV. Services					
	IV. Services					
Check all boxes that	DSN services	Previously Received	Currently Receiving	Waiting To Receive		
apply.	HCB Waiver Recipient					
	Work/Day Services					
	Behavioral Services Personal Care/Homemaker So					
	Respite Services					
	Other Services ()					
	Other agency services	_	_	_		
	DMH Public School					
	DSS					
	DJJ					
	Other Agency ()					

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	Explanation:
Thoroughly but succinctly describe why current services	
are not adequate to meet needs. Use additional sheets if	
necessary.	
	V. HOME VISIT SUMMARY
Summarize results of home visit (home	Explanation:
visit must be completed within 30 days of submission of Report). Identify <u>all</u>	
home occupants, relationships to the consumer, and	
whether they were present during visit. Relate caregiver concerns. Provide	
specific examples of incidents that depict situation noted	
above. Describe physical environment and family dynamics.	
Use additional sheets if necessary.	

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I hereby certify that the above information i	reflects an accurate and complete summary of the situation. I also certify
that all efforts at the local level to resolve the and implemented.	e situation without resorting to out of home placement have been explored
Service Coordinator Signature:	Date:
Service Coordinator Supervisor Signature:	Date:
of vice coordinator supervisor signature.	- Date:
Executive Director's Signature:	Date: